

EXHIBIT G –
DECLARATION OF
STEVE C. YUN, M.D.

Declaration of Steve C. Yun, M.D.
Diplomate, American Board of Anesthesiology
PO Box 2132, Orange, CA 92859

June 21, 2121

I, Steve C. Yun, M.D. declare as follows:

I am a physician licensed to practice in the State of California. I have been licensed since 1998. I received my Board Certification in Anesthesiology in 2001, and was re-certified in 2011. I received my B.S. degree from the University of Wisconsin-Madison and my M.D. from the U.S.C. School of Medicine (Los Angeles, CA). I completed my residency training in anesthesiology at the U.C.L.A. Medical Center (Los Angeles, CA). I have been in private practice since 2000, and have a full-time clinical practice. I am an active staff member at Saddleback Memorial Medical Center (Laguna Hills, CA). A copy of my curriculum vitae is attached.

I have reviewed the following materials:

1. The NDOC Protocol dated June 9, 2021, and as amended on June 21, 2021 (ECF No. 93-1 and No. 99-1);
2. Plaintiff's Motion for Preliminary Injunction and Stay of Execution, dated June 18, 2021, ECF No. 98;
3. Plaintiff's Motion for Stay of Execution, dated April 21, 2021, ECF No. 10;
4. Plaintiff's Motion for Temporary Restraining Order with Notice and Preliminary Injunction, dated April 16, 2021, ECF No. 6;
5. Plaintiff's Exhibit 12, ECF No. 4-12;
6. Plaintiff's Exhibit 11, ECF No. 4-11;
7. Plaintiff's Exhibit 10, ECF No. 4-10;

8. Plaintiff's Exhibit 3, ECF No. 4-3; and
9. Plaintiff's Complaint, dated April 16, 2201, ECF No. 2.

As an anesthesiologist, I am very familiar in the use, pharmacokinetics, and pharmacodynamics of opioids, ketamine, and cis-atracurium. I am also familiar with the use and effects of potassium chloride and potassium acetate. I have reached the following conclusions based on my 20+ years of experience as a full-time anesthesiologist in private practice:

1. Opioids and ketamine have been reliably used for decades to help achieve a state of analgesia, unconsciousness, and unresponsiveness to painful stimuli in tens of millions of patients. I personally have used opioids (and in particular, fentanyl and alfentanil) and ketamine in thousands of patients.
2. The opioids, fentanyl and alfentanil, are synthetic opioids that produce intense analgesia. Clinically, high therapeutic doses of fentanyl and alfentanil almost always produce unconsciousness and unresponsiveness to painful stimuli. In clinical practice, high therapeutic doses of intravenous fentanyl would range from 250-500 mcg, and high therapeutic doses of intravenous alfentanil would range from 2,500 – 5,000 mcg. Without medical intervention, high clinical doses of fentanyl and alfentanil would result in the death of a subject.
3. Opioids produce intense analgesia, cognitive disorientation, and even euphoria. Indeed, these are the reasons that often lead people to abuse, misuse, and become addicted to opioids. A person receiving a large dose of opioids would reliably be in a state of intense analgesia, unconsciousness and even euphoria.
4. At therapeutic levels, there are side effects that can occur with opioids such as chest wall rigidity and lack of complete unconsciousness. However, in my clinical practice, any significant opioid-induced rigidity begins after a patient loses consciousness. This clinical finding has been confirmed in a classic study that found subjects who had fentanyl-induced chest wall rigidity were apneic, unresponsive and had no recall (1).

In clinical practice, large doses of opioids will produce unconsciousness in the vast majority of patients, but unconsciousness cannot be guaranteed. However, the supra-excessive doses of fentanyl (2,500 mcg) and alfentanil (25,000 mcg) proposed by the State of Nevada go well beyond any reasonable clinical dose and would certainly produce rapid, intense analgesia, unconsciousness and unresponsiveness to painful stimuli. A second supra-therapeutic dose of either fentanyl or alfentanil is further guarantee that the subject would be unconscious and unresponsive.

5. Ketamine is an intravenous agent that reliably produces analgesia, unconsciousness and can be used solely as a general anesthetic agent. In clinical practice, a dose of 0.5 to 2 mg/kg intravenously is used to reliably induce a state of general anesthesia where the subject is unconscious, unaware, and unresponsive to painful stimuli. In clinical practice, an induction dose of ketamine is typically 140-200 mg intravenously for most adult males. At clinical doses, there are potential side effects of ketamine such as heavy salivary secretions, emergence delirium and other psychotropic effects. However, with large, supra-therapeutic doses of ketamine (such as 1000 mg intravenously as proposed by the State of Nevada), the incidence of any adverse effects becomes moot as such a large dose of ketamine would rapidly (within 30-60 seconds) produce a profound, deep state of general anesthesia that with medical intervention (i.e. airway support) would take many hours to dissipate. Without medical intervention and airway support, a large supra-therapeutic dose would be fatal in any subject within minutes. A second, supra-therapeutic dose of ketamine would only further ensure a state of complete general anesthesia in any subject.

6. Cis-atracurium is a paralytic agent that is used clinically to produce muscle relaxation. A typical clinical dose of cis-atracurium is 14-20 mg intravenously for most adult males. A supra-therapeutic dose of 200 mg intravenously would certainly cause profound, deep muscle paralysis in any subject. A second supra-therapeutic dose would be unnecessary but would further ensure that the subject is profoundly and completely paralyzed. Other than paralysis, I am not aware of any other side effects of cis-atracurium (for e.g., I have not witnessed any pain on injection with this agent). Regardless, given the massive supra-

therapeutic doses of opioid and ketamine given to the subject, any painful effects of cis-atracurium would not be felt by the unconscious subject.

7. The dose of potassium chloride (240 mEq) or potassium acetate (240 mEq) as proposed by the State of Nevada would rapidly produce cardiac arrest and death.

I declare under penalty of perjury pursuant to 28 U.S.C. section 1746 that the foregoing is true and correct.

DATED: Orange, CA, June 21, 2021.

A handwritten signature in black ink, appearing to read 'Steve C. Yun', with a long horizontal flourish extending to the right. The signature is written over a thin horizontal line.

STEVE C. YUN, M.D.

References

1. Streisand, JB, et al. *Fentanyl-induced Rigidity and Unconsciousness in Healthy Volunteers*. *Anesthesiology* 78:629, 1993.

ATTACHMENT 1 – CV

Steve C. Yun, M.D.

210 N. Tustin
Santa Ana, CA 92705

BOARD CERTIFICATION

2001	American Board of Anesthesiology
2011	Re-certified by the American Board of Anesthesiology

TRAINING/EDUCATION

07/1997-06/2000	Residency in Anesthesiology UCLA Medical Center, Los Angeles, CA
07/1996-06/1997	Internship in General Surgery University of Illinois-Chicago Medical Center
09/1991-05/1996	M.D. with Honors (Dean's Scholar) University of Southern California
09/1987-05/1991	B.S. with Honors (Dean's Scholar) University of Wisconsin-Madison

ACADEMIC APPOINTMENTS

2017-present	Lecturer, Dept. of Pediatric Dentistry Loma Linda University School of Dentistry
2015-present	Clinical Professor Western University School of Medicine, Pomona, CA
2004-2016	Clinical Investigator West Coast Clinical Trials, Inc., Long Beach, CA
2008-2016	Clinical Investigator Associated Gastroenterology Medical Group Research Studies, Anaheim, CA.

PROFESSIONAL APPOINTMENTS

April 2016 - Present	Conscious Sedation & General Anesthesia Examiner Dental Board of California
April 2016- Present	Surveyor American Association for Accreditation of Ambulatory Surgery Facilities
February 2014 – Present	Medical Director Beverly Hills Integrated Surgery Center
2011- April, 2014	Medical Director Alicia Surgery Center, Laguna Hills, CA
2008-2011	Medical Director Four Seasons Surgery Center, Anaheim, CA.
2010-2017	California Society of Anesthesiologists District Delegate

HONORS/AWARDS/PUBLICATIONS

2007, '10, '13, '16, '17, '19	Physician of Excellence Awarded by Orange County Medical Association
2007	Anesthesiologist of the Year Fresh Start Surgical Gifts, Encinitas, CA
2001	“Practice Guidelines for Adult Sedation and Analgesia.” With R. Steadman. In <u>Sedation Analgesia for Diagnostic & Therapeutic Procedures</u> . Edited by S. Malyviya. Humana Press.

CLINICAL RESEARCH EXPERIENCE:

2010	A Randomized, Double-Blind, Parallel Pharmacokinetic and Safety Study of 3 Doses of *** versus *** in Healthy Normal Volunteers (WCCT).
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- 2011 Randomized, Double-Blind, Placebo-Controlled, Ascending Single-Dose Study to Evaluate the Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of *** in Healthy Young and Elderly Subjects (WCCT).
- 2012 Placebo-Controlled, Ascending Multiple-Dose Study to Evaluate the Safety, Pharmacokinetics and Pharmacodynamics of *** in Healthy Young and Elderly non-Japanese Subjects, and Healthy Young Japanese Subjects (WCCT).
- 2013 A Two-Part, Randomized, Double-Blind, Placebo-Controlled, Single Dose Study to Assess the Safety, Tolerability, Pharmacokinetics and Lung Levels of *** Inhalation Solution (*** inhalation solution) Administered to Healthy Volunteers (WCCT).
- 2016 A Randomized, Double-Blind, Placebo-Controlled, Single Ascending Dose Study of Intravenously Administered *** in Healthy Subjects (WCCT).
- 2016 A Phase 3, Multicenter, Randomized, Double-Blind, Placebo- and Active-Controlled Study of *** for the Treatment of Moderate to Severe Acute Pain after Bunionectomy (AGMG).
- 2016 A Randomized, Double-Blind, Placebo-Controlled, Parallel Group, Multiple Ascending Dose Study to Assess the Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of Orally Administered *** in Healthy Subjects (WCCT).

HOSPITAL APPOINTMENTS

Saddleback Memorial Medical Center, Laguna Hills, CA. (Active)
Rady's Children's Hospital, San Diego, CA. (Courtesy)
Placentia Linda Medical Center, Placentia, CA. (Courtesy)

MEMBERSHIPS

American Society of Anesthesiologists
California Society of Anesthesiologists
American Dental Society of Anesthesiology
California Dental Society of Anesthesiology
California Society of Pediatric Dentistry

CERTIFICATIONS

Advanced Cardiac Life Support
Pediatric Advanced Life Support

Updated March 2020